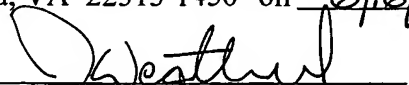




IFU

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as First Class Mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" on 6/16/05.



Joseph Weathered

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT : NAKAO, Naomi
APPLICATION NO. : 10/687,281
DATE FILED : 10-16-2003
FOR : MEDICAL INSTRUMENT WITH INDENTED
LOOP AND ASSOCIATED METHOD
GROUP ART UNIT : 3763

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

**SUBMISSION OF
SUPPLEMENTAL APPLICATION DATA SHEET**

S I R:

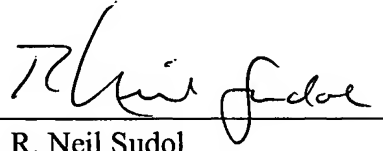
Enclosed herewith please find a Supplemental Application Data Sheet which includes changes to the Initial Application Data Sheet previously entered in the above-identified application. More specifically, information regarding the assignee of the above-identified application has been added. Please enter the enclosed Supplemental Application Data Sheet in the application.

Please credit any overpayment or charge any additional fees due in connection with this communication to Deposit Account No. 04-0838. A copy of this Submission is enclosed herewith for deposit account charging purposes.

Respectfully submitted,

COLEMAN SUDOL SAPONE, P.C.

By:



R. Neil Sudol
Reg. No. 31,669

Dated: June 16, 2005

714 Colorado Avenue
Bridgeport, CT 06605-1601
(203) 366-3560



Supplemental Application Data Sheet

Application Information

Application Number::	10/687,281
Filing Date::	10/16/2003
Application Type::	Regular
Subject Matter::	Utility
CD-ROM or CD-R?::	None
Title::	MEDICAL INSTRUMENT WITH INDENTED LOOP AND ASSOCIATED METHOD
Attorney Docket Number::	G30-014
Request for Early Publication?::	No
Request for Non-Publication?::	No
Total Drawing Sheets::	7
Small Entity?::	Yes
Petition included?::	No
Secrecy Order in Parent Appl.?::	No

Applicant Information

Applicant Authority type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity

Given Name::	Naomi
Middle Name::	L.
Family Name::	NAKAO
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State or Province of Residence::	NY
Country of Residence::	US
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State or Province of mailing address::	NY
Country of mailing address::	US
Postal or Zip Code of mailing address::	10022

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E-Mail address::	mnsipatent@gis.net

Representative Information

Representative Customer Number::	28156	
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Assignment Information

Assignee name:: GRANIT MEDICAL
INNOVATION LLC

Street of mailing address:: 992 Fifth Avenue

City of mailing address:: New York

State or Province of mailing address:: NY

Country of mailing address:: US

Postal or Zip Code of mailing address:: 10028